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Effective on 12/08/04.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL**For FY 2008** Applicant claims small entity status. See 37 CFR 1.27**TOTAL AMOUNT OF PAYMENT** (\$ 960.00)**Complete if Known**

Application Number 09/936,377

Filing Date February 26, 2002

First Named Inventor Catherine Defrenne

Examiner Name Padmavathi Baskar

Art Unit 1645

Attorney Docket No. GSKB-109US

METHOD OF PAYMENT (check all that apply) Check Credit Card Money Order None Other (please identify): _____ Deposit Account Deposit Account Number: 18-0350 Deposit Account Name: RatnerPrestia

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Charge fee(s) indicated below | <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee |
| <input checked="" type="checkbox"/> Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17 | <input checked="" type="checkbox"/> Credit any overpayments |

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FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		
	Fee (\$)	Small Entity	Fee (\$)	Small Entity	Fee (\$)	Small Entity	Fees Paid (\$)
Utility	310	155	510	255	210	105	_____
Design	210	105	100	50	130	65	_____
Plant	210	105	310	155	160	80	_____
Reissue	310	155	510	255	620	310	_____
Provisional	210	105	0	0	0	0	_____

2. EXCESS CLAIM FEES**Fee Description**

Each claim over 20 (including Reissues)

Small Entity**Fee (\$)** 50 **Fee (\$)** 25

Each independent claim over 3 (including Reissues)

210 105

Multiple dependent claims

370 185

Total Claims**Extra Claims** **Fee (\$)** **Fee Paid (\$)** **Multiple Dependent Claims**

25 - 22 or HP = 3 x 50 = 150 Fee (\$) Fee Paid (\$)

HP = highest number of total claims paid for, if greater than 20

Indep. Claims**Extra Claims** **Fee (\$)** **Fee Paid (\$)**

2 - 3 or HP = x = Fee (\$) Fee Paid (\$)

HP = highest number of independent claims paid for, if greater than 3

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets **Extra Sheets** **Number of each additional 50 or fraction thereof** **Fee (\$)** **Fee Paid (\$)**

- 100 = / 50 = (round up to a whole number) x = Fee (\$) Fee Paid (\$)

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Fees Paid (\$)Other (e.g., late filing surcharge): RCE

810

SUBMITTED BY

Complete (if applicable)

Signature		Registration No. Attorney/Agent)	58,583	Telephone	610-407-0700
Name (Print/Type)	Brian A. Cocca			Date	August 28, 2008

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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CERTIFICATE OF MAILING BY "EXPRESS MAIL" (37 CFR 1.10)

Applicant(s): Defrenne et al.

Docket No.

GSKB-109US

Serial No.

09/936,377

Filing Date

February 26, 2002

Examiner

Padmavathi Baskar

Group Art Unit

1645



Invention: BASB082 POLYPEPTIDES (as amended herein)

I hereby certify that the following correspondence:

- RCE Transmittal
- Fee Transmittal
- Credit Card Paymentform
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- PTO/SB/08a
- PTO/SB/08b
- (17) References
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Dennis McDermott

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